6/25/24, 9.00 AM

Division of Corporations

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T. LEMIEUX JUN 2 6 2024

COVER LETTER

TO: Registration S Division of Co					
GEVER H	 IOKMAH PUBLISHING LLC		نڌ		
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Mike Town				
·	-	Name of Person			
	Legalzoom.com, Inc.				
	·	Firm/Company			
	9900 Spectrum Dr				
		Address	······		
	Austin, TX 78717				
	City/State and Zip Code				
	jcsscwharns@yahoo.com				
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please co	all:			
Mike Town		800 773-0888			
Name o	of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEVER HOKMAH PUBLISHING LLC

Page: 4 of 6

(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L24000262415</u>	filed on 06/10/2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
Gever Hakam LLC			
The new name must be distinguishable and contain the words "Limited Liability Co	empany," the designation "LLC" or the abb	reviation "L L C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)			_
			_
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			
<u>-</u>			- 45
			G)
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter t	he name, of the	new
Tegistered agent and or the new registered office address		- 1	n į
Name of New Registered Agent:		(3) F	
Mante of New Registered Agents.		3 17	٦ ۽
New Registered Office Address:	Enter Florida street address	_	
		: i	Ţ
·	, Florida	Zip Code	CD .
and the state of the same of t	· •	r	0 A 1

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ŀ,

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
-			Change
			□ Add
			Remove
			Change
•			Remove
			☐ Change
			□ Add
			Сеточе
			□ Change
			□ Add
			CI Remove
:			☐ Change
			□ Add
11* 1 1 2			□ Remove
			□ Change

From, Shantel Milam

To:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

7. <u>1</u>